

**Mailing
Address**

Regular Mail:
Dodge & Cox Funds
c/o DST Asset Manager Solutions, Inc.
P.O. Box 219502
Kansas City, MO 64121-9502

Express, Certified, or Registered Mail:
Dodge & Cox Funds
c/o DST Asset Manager Solutions, Inc.
430 W 7th Street, Suite 219502
Kansas City, MO 64105-1407

**Part 1
Current Account
Information**

Name/Account Registration

____ - ____ - ____ (____)
Social Security Number Contact Phone Number

**Part 2
Account
Numbers**

Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____
Fund	Account Number
_____	_____

**Part 3
Beneficiary Designation**

I hereby make the following Beneficiary Designation for the above account(s) in accordance with Dodge & Cox Funds – UMB Bank, n.a. IRA Disclosure Statement and Custodial Agreement.

Primary Beneficiary(ies)

In the event of my death, transfer ownership of my account(s) to the following primary beneficiary(ies) who survives me. Make payment in the percentages specified below (or in equal proportions (totaling 100%) if no allocations are specified). Indicate the inheritance method you would like to utilize for your beneficiaries below by selecting either per capita, or per stirpes. If no selection is made, the per capita method will be utilized.

If you wish to name more primary or alternate beneficiaries, please list all the requested information on a separate sheet and attach it to this form.

Per capita

A beneficiary's share will be divided among the remaining beneficiaries in the event he/she pre-deceases you.

Per stirpes

A Beneficiary's heirs will receive his/her share of the distribution in the event he/she pre-deceases you.

Person / Entity	Relationship	%
Social Security Number or Taxpayer Identification Number	____ / ____ / ____ Date of Birth/Trust Date	
Person / Entity	Relationship	%
Social Security Number or Taxpayer Identification Number	____ / ____ / ____ Date of Birth/Trust Date	
Person / Entity	Relationship	%
Social Security Number or Taxpayer Identification Number	____ / ____ / ____ Date of Birth/Trust Date	100%

Part 3
Beneficiary Designation
(continued)

Alternate Beneficiary(ies)

If none of the primary beneficiary(ies) survives me, transfer ownership of the above account(s) to the following alternate beneficiary(ies) who survives me. Make payment in the percentages specified below (or in equal proportions (totaling 100%) if no different allocations are specified). Indicate the inheritance method you would like to utilize for your beneficiaries below by selecting either per capita, or per stirpes. If no selection is made, the per capita method will be utilized.

If there are no surviving alternate beneficiary(ies) and no per stirpes designation at the time of my death, the Funds will transfer ownership of my account(s) to my estate (unless otherwise required by the laws of your state of residence).

Per capita

A beneficiary's share will be divided among the remaining beneficiaries in the event he/she pre-deceases you.

Per stirpes

A Beneficiary's heirs will receive his/her share of the distribution in the event he/she pre-deceases you.

Person / Entity	Relationship	_____ %
Social Security Number or Taxpayer Identification Number	_____/_____/_____ Date of Birth/Trust Date	
Person / Entity	Relationship	_____ %
Social Security Number or Taxpayer Identification Number	_____/_____/_____ Date of Birth/Trust Date	
Person / Entity	Relationship	_____ %
Social Security Number or Taxpayer Identification Number	_____/_____/_____ Date of Birth/Trust Date	<u>100%</u>

Part 4
Spousal Consent
 (if applicable)

This section should be completed if you are married and designate a beneficiary other than your spouse. It is your responsibility to determine if this section applies. Dodge & Cox, Dodge & Cox Funds, DST Asset Manager Solutions, Inc., UMB Bank, n.a., and any affiliate and/or any of their directors, trustees, employees, and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

I am the spouse of the IRA owner. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in the IRA, I have been advised to consult legal counsel or a tax advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the UMB Bank, n.a., DST Asset Manager Solutions, Inc., Dodge & Cox, or Dodge & Cox Funds.



 Signature of Spouse _____/_____/_____
 Date

Part 5
Certifications
and Signatures

IMPORTANT:

All previous beneficiary designations for the Account(s) are hereby revoked.



 Signature of IRA Owner _____/_____/_____
 Date



 Signature of Parent/Custodian (if applicable) _____/_____/_____
 Date